

**TESTIMONY OF
KATHERINE REILLY, RN, MS, A-CCC RN
DIRECTOR HEALTHCARE ADVOCACY –
LEGISLATIVE LIAISON
GAYLORD SPECIALTY HEALTHCARE
SUBMITTED TO THE FULL LEGISLATURE
July, 21, 2020**

AN ACT CONCERNING TELEHEALTH, LCO No. 3614

Gaylord Specialty HealthCare appreciates the opportunity to submit testimony in support of **AN ACT CONCERNING TELEHEALTH, LCO No. 3614.**

Gaylord Hospital is a 137 bed Long Term Acute Care Hospital (LTACH) not-for-profit, free standing hospital with approximately 1,500 discharges annually. Our patients are primarily admitted from the short term acute care hospitals to continue the necessary extended hospital stay for an acute illness often with multiple co-morbidities.

Our patients are the sickest of the sick that require daily oversight by a physician, care only available in a hospital setting and usually accompanied with extensive rehabilitative therapy. High acuity patients who receive treatment at a LTACH are more likely to discharge back to the community or a lower-level of care without need for re-hospitalization.

Like other hospitals, Gaylord has been drastically impacted by the public health crisis in Connecticut since the emergence of the COVID-19 virus. We have temporarily altered many of the services we provide in the outpatient setting. Gaylord Hospital has treated over 95 COVID-19 patients discharged from the hospitals to ensure access to community hospital beds for COVID-19 patients.

Tele-medicine has been a life-line for many medical and behavioral health patients through the pandemic. It has greatly increased access to care for patients and has kept them on track for their recovery at a time when many health care services cannot be provided by other means. Many of the health insurance plans have recognized this is a viable option for patients who need to see providers and have issues with in-office visits. The outcomes demonstrate clinical and fiscal success.

For institutions like Gaylord, the ability to for inpatients to see a specialty physician in the community without interrupting their plan of care, enduring the discomfort and expense of multiple ambulance transportations is especially beneficial. This has allowed a medical professional from our hospital to attend the consultation visit. On the outpatient side, patients who have mobility and transportation issues can often be safely seen in follow up visits by outpatient providers like rehab physician, neuropsychologists, and physical and occupational therapists. Many patients have expressed they were able to attend visits that normally would have been challenging due to travel distance. Other patients have been progressed in their plan of care, thus preventing complications or more costly care.

The COVID-19 virus is certainly impacting the health care system and has created a public health crisis. The State of Connecticut has responded to this crisis and the Governor, with the help of many State agencies, staff and legislators has responded to the crisis. The virus and the declaration of the public health emergency by Governor Lamont have greatly altered the state's health care system. As you take up the special session of the legislature and review the bill extending coverage by the State of Connecticut of the Telehealth provisions, I urge you, on behalf of Gaylord Specialty HealthCare, to please consider passage of continuing coverage of Telehealth provisions.

Thank you for consideration of our position.